

POSITION	INITIALS	ID #O.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	M.D.	625	03-11-02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) .. Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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8	✓
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11	✓
12	✓
13	✓
14	✓
15	0
16	0
17	✓
18	✓
19	0
20	0
21	✓
22	✓
23	0
24	0
25	0
26	N
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34	N
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37	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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